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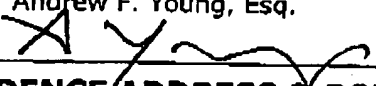
Intellectual Property Law

115 Orchid St.
Floral Park, NY 11001
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Internet: ayoung@youngiplaw.com**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : **BRUN, Andreas**
Serial No. : **10/049,454**
Filed : Feb. 12, 2002
For : SLEEPING BAG
Examiner : unassigned
Art Unit : unknown
Docket No. : **Y3-20**

(3 sheets total)**Customer No. : 39648****CERTIFICATE OF TRANSMISSION**

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Date : March 15, 2005, 2005
By : Andrew F. Young, Esq.
Signature : 

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AND STATUS INQUIRY**

Mail Stop: _____
Commissioner for Patents
P.O. BOX 1450
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Sir:


Please find enclosed a Power of Attorney and Correspondence Address Form from the Inventor (Mr. Andreas BRUN) in the above-identified application (1 page, PTO/SB/81), and a Change of correspondence Address form (1 page, PTO/SB/122). These powers include the power of revocation and changing of mailing address.

Consequently, the Applicant respectfully requests:

- (1) A change of correspondence address to Customer No. 39648, attention: Andrew Young.
- (2) A change in the Power of Attorney to Customer No. 39648, attention: Andrew Young.
- (3) A formal Status Report of the present application. Applicant fears that the application has been abandoned.

Please direct all questions to Andrew Young at 516-775-0068.

Respectfully submitted,


Andrew Young, Esq.
Reg. No. 44,001

Andrew F. Young, P.C.

Date: March 15, 2005

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From: unknown Page: 3/4 Date: 31.01.2005 18:08:48

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Application Number	10/049,454
	Filing Date	12 FEB 2002
	First Named Inventor	ANDREAS BRUN
	Art Unit	unknown
	Examiner Name	unknown
	Attorney Docket Number	MPF 001

Please change the Correspondence Address for the above-identified patent application to:

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<input type="checkbox"/> Firm or Individual Name	ANDREW YOUNG				
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☐ Assignee of record or the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or Agent of record. Registration Number _____

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **ANDREAS BRUN**

Signature *A. Brun*

Date **20.2.05** Telephone **516-775-0068**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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